

Building Permit Application

CITY OF HARTFORD

Department of Development Services
Division of Licenses and Inspections
260 Constitution Plaza
Hartford, CT 06103
Telephone: (860) 757 - 9200
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Pedro E. Segarra
Mayor

Address of Work: _____

Location (Floor #, Unit #): _____

Project/Activity: ☐ Residential: _____ ☐ Commercial: _____ ☐ Other: _____

Construction Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Replace ☐ Temporary (days): _____

Change of Occupancy: Y / N Existing: _____ Proposed: _____

Code Choice: ☐ International Building Code ☐ International Existing Building Code
☐ Other: _____

Property Owner: _____	Contractor/ CID: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____ License #: _____
Design Professional: _____ Phone #: _____	
Contact Person: _____ Email Address: _____	

DESCRIPTION OF WORK: _____

ESTIMATED CONSTRUCTION COST: \$ _____

Affidavit and Agreement (check one)

I hereby certify that ____ I am the owner of the property, which is the subject of this application **OR** the ____ authorized agent of the property owner; I agree to call at least 24 hrs. in advance for each trade inspection and not to conceal any work before inspection; I understand this is a application for a permit and in no way an authorization to start work , unless authorized by the Building Official under certain circumstances; I understand that when a permit is issued, it is to proceed and grants no right to violate any code, ordinance or statute, regardless of what may be shown or omitted on the submitted plans or specifications.

I HAVE READ AND AGREE TO ALL THE ABOVE

Applicant Name: _____ Signature: _____

Address: _____

Phone #: _____ Email Address: _____ Date: _____

For Office Use Only

Submitted with Application: <input type="checkbox"/> Specification (cut) Sheets of Material <input type="checkbox"/> Statement of Special Inspection <input type="checkbox"/> Plans; Size: _____ <input type="checkbox"/> Other: _____	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Debit Card Fee: \$ _____
Received By: _____ Date: _____	
L & I Approval: _____ Bin #: _____	
P & Z Approval: _____ Date: _____	
F.M. O Approval: _____ Date: _____	
Health Approval: _____ Date: _____	
D. P. W. Approval: _____ Date: _____	

Application #:

☐ On file
Exp. Date: _____

STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors
(Conn. Gen. Stat. § 31-286b)

Property located at: _____

In the town of: _____

Name of building permit applicant: _____

Please check one:

1. ☐ I am the owner of the property.
2. ☐ I am the sole proprietor of a business.

2A. Name of business: _____

2B. Federal Employer Identification Number (FEIN): _____

.....
Pursuant to § 31-286b, "a property owner or a sole proprietor [who] intends to act as a general contractor or principal employer" may provide either certificate of workers' compensation insurance or "sworn notarized affidavit ..stating that they will require proof of workers' compensation insurance for all those employed on the job site accordance with this chapter."

Please check one:

1. ☐ I do not intend to act as a general contractor or principal employer.
[Sign and stop here]

(Signature of applicant)

2. ☐ I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....
Affidavit

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

(Signature of applicant)

Subscribe and sworn to before me this _____ day of _____, 20_____.

(Notary Public/Commissioner of the Superior Court)